

**INDIVIDUAL ACTION PLAN (IAP)  
SENIOR AND EMERGING LEADERS PROGRAMS**

**(SL)**  
**Senior Leader**  
☐

**(EL)**  
**Emerging Leader**  
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**IAP #**  
**Draft** ☐

**Final** ☐

Name			
Agency			
Class Session – Indicate name of session	Session 1	Session 2	Session 3
Supervisor	Name:		Telephone #:
Consultant	Name:		

<b>COMPETENCIES (check those relevant to this class/IAP)</b>					
	SL	EL		SL	EL
Interpersonal Skills			Problem Solving		
Team Building			Leveraging Diversity		
Customer Service			Human Resources Management		
Integrity/Honesty			Vision		
Conflict Management			Strategic Thinking		
Influencing/Negotiating			External Awareness		
Creativity and Innovation			Accountability		
Flexibility			Entrepreneurship		
Resilience			Partnering		
Continual Learning			Oral Communication		
Resilience					

<b>PART 1 - PLANNING PHASE</b>
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a) Project Title:

b) Describe the background and current issues relevant to the project (the what and the why):

c) What are your objectives? (Specific, Measurable, Accountable, Realistic, Timely)

d) Develop an action plan (what, with whom, when, where, how) for approximately 4-6 week period and describe how these actions would demonstrate at least two (2) of the competencies listed above.

<b>PART 2 - IMPLEMENTATION AND RESULTS PHASE</b>
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What happened when you implemented your action plan? What were the results?

<b>PART 3 - ASSESSMENT PHASE</b>
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a) What went well? (Impact on Organization)

b) In retrospect, would you have done anything differently?

<b>PART 4 - REFLECTION PHASE</b>
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Use the following questions to help guide your reflection of the situation/project:

a) What concepts, principles and/or approaches have you learned from this project?

b) What new information did you acquire that changed your knowledge and understanding of the project/situation?

c) What have you learned about yourself in terms of leadership that might be useful to you in the future.

**MENTOR'S COMMENTS (OPTIONAL)**

**SUPERVISOR'S COMMENTS**

**IAP CONSULTANT'S COMMENTS**

**IAP REVIEWED AND DISCUSSED:**

Supervisor's Review: ☐ Yes ☐ No Date:

Mentor's Review: (optional) ☐ Yes ☐ No Date:

IAP Consultant's Review: ☐ Yes ☐ No Date: